

This application may be completed online and mailed to the address listed below.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
CREDENTIALING DIVISION

Hospice Licensure Application

Check one:  
☐ Initial License  
☐ Change of Location  
☐ Change of Ownership

IDENTIFYING INFORMATION

1. FULL NAME OF FACILITY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Street Address, City, State, Zip)
2. TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
(Area Code) (Area Code)
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
(If Not Individual)
4. ADMINISTRATOR: \_\_\_\_\_
5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: \_\_\_\_\_  
\_\_\_\_\_
6. GEOGRAPHICAL AREA SERVED: (Counties) \_\_\_\_\_  
\_\_\_\_\_
7. INPATIENT BEDS: (Specify number, if applicable) \_\_\_\_\_
8. STARTING DATE OF OPERATION: \_\_\_\_\_
9. ACCREDITING AGENCY: (If applicable) Please check JCAHO ☐ CHAP ☐
10. CERTIFICATION: (If applicable) Please check Medicare ☐ Medicaid ☐

OWNERSHIP INFORMATION

11. OWNERSHIP OF FACILITY: \_\_\_\_\_  
(Legal Name of Individual or Business Organization)  
ADDRESS: \_\_\_\_\_  
(Street Address, City, State, Zip)
12. MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_  
(If Different Than Above)
13. BUSINESS ORGANIZATION: (Check one)  
☐ Sole Proprietorship  
☐ Partnership  
☐ Limited Partnership  
☐ Corporation  
☐ Limited Liability Company  
☐ Governmental (☐ State, ☐ District, ☐ County, ☐ City or Municipal)  
☐ Other (Please Specify) \_\_\_\_\_

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license. **PLEASE NOTE:** Neb.Rev.Stat. Section 71-433 requires "Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

Sign Here \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE DATE

Sign Here \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE DATE AUTHORIZED REPRESENTATIVE DATE